Children's Medical Report

Name of Child				Birthdate _					
Name of Parent	or Guardian								
	nt of Guardian								
A. Medical Hi	story (May be comp	leted by parent)							
1. Is child aller	gic to anything? No	Yes If ye	es, what?						
2. Is child curre	ently under a doctor's	s care? No Y	es If yes, for	what reason?					
3. Is the child of	Is the child on any continuous medication? No Yes If yes, what?								
4. Any previou	Any previous hospitalizations or operations? No Yes If yes, when and for what?								
diabetes No	of significant previo Yes; convulat/when?	lsions No Ye	es; heart trou						
6 D 1 1:	ld have any physical	disabilities: No	Yes If yes	s, please descri	be:				
Any mental disa	abilities? No Ye								
Any mental disa Signature of Pa B. Physical Exa authorized a bordering si	abilities? No Ye arent or Guardian_ amination: This exaugent currently approates), a certified nur	mination must be oved by the N. C. se practitioner, o	e completed and s . Board of Medica r a public health 1	igned by a liceral Examiners (on the nurse meeting I	Datensed physician, r a comparable	his board fron			
Any mental disa Signature of Pa B. Physical Exauthorized a bordering strength of the property of the propert	abilities? No Ye arent or Guardian_ amination: This exaugent currently approates), a certified nurgram. Height	mination must be oved by the N. C. se practitioner, o	e completed and s . Board of Medica r a public health r	igned by a liceral Examiners (on the following Incomplete the Incomplet	Datensed physician, r a comparable DEHNR standard	his board fron			
Any mental disa Signature of Pa B. Physical Exacuthorized a bordering state of the EPSDT pro Head	abilities? No Ye arent or Guardian_ amination: This exaugent currently approates), a certified nurgram. Height Eyes	mination must be oved by the N. C. se practitioner, o % We Ears	e completed and s . Board of Medica r a public health r ightNos	igned by a lice al Examiners (o nurse meeting I	Date	his board fron ds for			
Any mental disa Signature of Pa B. Physical Exa authorized a bordering si EPSDT pro Head Throat	abilities? NoYe arent or Guardian_ amination: This exaugent currently approates), a certified nurgram. Height Eyes Neck	mination must be oved by the N. C. se practitioner, o% We Ears	e completed and s . Board of Medica r a public health r ight Nos	igned by a liceral Examiners (on the following Interest in the followi	Date nsed physician, r a comparable DEHNR standard Teeth	his board fron ds for			
B. Physical Example authorized a bordering street EPSDT profered Extra E	amination: This exaugent currently approates), a certified nurgram. Height Neck Neurological Syberculin Test, if gives be limited? No	mination must be oved by the N. C. see practitioner, o We Ears Heart vstem en: Type Yes If ye	e completed and s . Board of Medica r a public health r ight Nos Chest date es, explain:	igned by a liceral Examiners (on the following Interesting Interes	Date	his board fron ds for			
B. Physical Exact authorized a bordering street EPSDT process Head Throat Ext Results of Turn Should active Any other recessions.	abilities? NoYe arent or Guardian_ amination: This exa agent currently approates), a certified nur gram. Height Eyes Neck Neurological Sy berculin Test, if giv	mination must be oved by the N. C. see practitioner, o We Ears Heart en: Type Yes If ye	e completed and s Board of Medica r a public health r ight Nos Chest date_ es, explain:	igned by a liceral Examiners (on the following Information of the followin		his board fron ds for			

C. Immunization History: The family child care home operator or health official must enter the date immunization was received in the space below or attach a copy of the immunization record. G.S. 130A-155(b) requires all child care facilities to have this information on file.

Enter date of each dose - Month/Day/Year

VACCINE	#1	#2	#3	#4	#5				
*DTP / DT									
(circle which)									
*Polio									
**Hib									
***Hepatitis B					Required by State law.				
*MMR				~ -	law for children born				
(combined doses)				on or after 10/1/88					
OTHER				*** Required by State on or after 7/1/94.					